

PRODUCER OF WASTE (Must be filled by producer)

Name ALUMINUM CO. OF AMERICA □ □ □ □ □ □

(PRINT OR TYPE)

Pick up Address: 5751 ALCOA AVE VERNON, CA CODE NO. □ □ □ □ □ □

(NUMBER) (STREET) (CITY)

Telephone Number: ( ) P.O. or Contract No. :

Order Placed By: Date:

Type of Process  
which Produced Wastes: □ □ □ □ □ □

(Examples: metal plating, equipment cleaning, oil drilling  
wastewater treatment, pickling bath, petroleum refining)

CODE NO.

DESCRIPTION OF WASTE (Must be filled by producer)		
Check type of wastes:		
1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

☐ Other (Specify) Hydrochloric acid, lime, caustic soda,

Components:  
(Examples: Hydrochloric acid, lime, caustic soda,  
phenolics, solvents (list), metals (list),  
organics (list), cyanide)

	Upper	Concentration: Lower	%	ppm
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:

pH 12.5 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other (SPECIFY)

Containers: (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other 1138 (SPECIFY)

Physical State: ☒ solid ☒ liquid ☐ sludge ☐ other (SPECIFY)

Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

**SIGNATURE OF AUTHORIZED AGENT AND TITLE**

HAULER OF WASTE (Must be filled by hauler)

**ASBURY OIL CO.**  
13419 Halldale Ave., Gardena, California 90249  
Phone: (213) 321-1392

Pick Up: 10-6-79 Time: \_\_\_\_\_  
(DATE)

State Liquid Waste Hauler's Registration No. (if applicable): 15

Job No.: \_\_\_\_\_ No. of Loads or Trips: \_\_\_\_\_ Unit No. 41

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other \_\_\_\_\_  
(SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.


Steve P...  
SIGNATURE OF AUTHORIZED AGENT AND TRAILER

DISPOSER OF WASTE (Must be filled by disposer)		<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	
Name (print or type):	Operating Ind		
Site Address:	Monterey Park		
The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.			
Quantity measured at site (if applicable):	State fee (if any):		
Handling Method(s):			
<input type="checkbox"/> recovery			
<input type="checkbox"/> treatment (specify):	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>		
(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)			
<input checked="" type="checkbox"/> disposal (specify):	<input type="checkbox"/> pond	<input type="checkbox"/> spreading	<input checked="" type="checkbox"/> landfill
	<input type="checkbox"/> injection well		
<input type="checkbox"/> other (specify):	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>		

If waste is held for disposal elsewhere specify final location: \_\_\_\_\_

Disposal Date: 10-6-79

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.

  
\_\_\_\_\_  
SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of  
Health with monthly fee reports.

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FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name